

Corrective Measures

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READING is a subtle and complex process—a composite of skills or abilities. It involves a complicated sequence of sensation, perception, comprehension and, finally, utilization. That difficulties should arise in the acquisition of this process is indeed not strange.

Any attempt to prevent or correct such difficulties is necessarily based on careful consideration of possible etiological determinants. Certain causal factors have already been mentioned in this symposium, and others might be included. There is what Bakwin and Eustis term the “specific reading disability,” characterized by reversals and mirror reading and frequently associated with confusions in lateral dominance. Certain findings suggest that a slow rate of neuromuscular maturation may be involved in the language disabilities of some children. This slowness may be general or it may reflect itself most conspicuously in certain skills, such as reading. Also mentioned is congenital alexia, a developmental variation comparable to the language dysfunctions found in an aphasic adult.

According to very recent research, retarded visual perceptual development may account for the failure of some children in learning to read. These youngsters, of average or above-average intelligence, appear to lack the ability to discriminate between words and other symbols. Hearing impairments, visual defects, poor general health, inadequate environmental stimuli for interest in reading, inappropriate teaching methods, emotional disturbances—all may serve as deterrents to reading.

Most investigations, however, have pointed to the probability that not one but several or a constellation of related causes produce most reading difficulties. Careful studies have demonstrated no clear-cut factors which appear only in nonreaders and not in good ones. Hence much care must be exercised before concluding that the anomaly exhibited by a nonreader operates as *the* cause of his reading failure.

Perhaps paramount in evaluation of a reading difficulty in the primary grades is the question: Is this child ready to read? Existence of wide differences among children entering school is almost universally recognized. Just as children do not stand up or walk at the same time, or begin to talk at the same age, so children may be slow in developing certain functions involved in reading. Their sensory

apparatus, such as is involved in visual-perceptual discriminations, may be late in development; their motor skills may be immature; they may lack the experiences which stimulate a desire to read; they may have difficulty in following directions; they may have poor memory; their attention span may be brief.

Most children are ready to read by 6½ years. However, a substantial number are not ready until 7 or 8 years. In fact, it has been estimated that, in a typical school population, 25 to 30 per cent of the children in the first grade are not ready for the regular reading program. On the other hand, there is the occasional child who is cheerfully and glibly ready to read at 5 years.

Susie may learn early and easily. She may read simple words in kindergarten and read with relative fluency in the first grade. Jimmy may start later—perhaps the second grade, even the beginning of the third—and still learn without difficulty. Again, Mary and Tommy may begin late and progress effortfully. In other words, readiness is not dictated by the calendar or by the grade.

The second basic consideration in the correction of reading problems involves the recognition of and provision for individual differences in reading needs. One group of children with reading difficulties may be the “late maturers.” Many of these children, considered retarded readers, will be aided by a program of developmental instruction which adapts to their learning needs, which provides more success than failure, which alleviates the tensions and anxieties regarding their previously low achievement. Essentially such a program is developmental rather than remedial. The child needs appropriate aid to develop skills rather than to remedy defects.

For other children thorough diagnostic studies and special differentiation of techniques will be indicated. Many methods for the teaching of reading have been developed. There are the so-called visual methods, whereby a child learns to recognize the configuration of a word. Phonics entails a system which enables a child to pronounce or identify a word by the sounds. Structural analysis teaches the child to break down the word into smaller units. Kinesthetic methods emphasize tracing and writing the word or phrase.

For answering the frequent query, “Which method is best?”, we may turn to evidence from research in the psychology of learning. Detailed experimentation and empirical observations over the past 20 years have pointed to the conclusion that there probably is more than one kind of learning. Different kinds of learning may take place simultaneously or at different times. Learning may occur according to both behavioristic and gestalt principles. More-

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over, individuals differ in the learning cues to which they respond most readily.

Applied to reading, then, it is apparent that a variety of learning methods provides a child with a variety of tools for recognizing words. He needs different methods of attack to serve different types of words. For example, phonics will help him on words like "cat" and "man" but will leave him stranded when he is confronted by "though" or "through." Structural analysis will help him to find the "in" in "winter" but will be misleading when he finds the "me" in "come."

Thus it would appear ill-advised to contrapose phonics and flash cards, or a kinesthetic method and a phonetic method. No one technique is infallible. Probably no matter what approach or methods are used, children will learn at differing rates and in varying degrees. Repeatedly noted is the fact that the child who can combine several methods of attack on an unfamiliar word, is usually found to be the most successful reader.

Again, as was suggested previously, individual children vary in their learning needs. Some respond most effectively to auditory cues; for them, phonics will be most useful. Others respond to visual cues; for them, visual recognition is particularly valuable; for still others a kinesthetic method is needed.

It appears that there is no prefabricated plan or panacea for all reading problems. The same prescription cannot be given to all children.

The particular learning pattern which is most relevant for a given child may be indicated by detailed evaluation of that child's particular strengths and weaknesses. Diagnostic reading tests may reveal the trouble-spots in his reading—be it his rate of reading, vocabulary level, his techniques of word recognition and analysis, his visual memory, his memory for orientation of forms, auditory memory, oculomotor control and attention. Moreover, his behavior and attitudes during the tests may reveal habitual work patterns and emotional reactions toward the reading.

Other considerations in a program for a child with reading difficulties are the attitudes of the adults in his environment. The child should not be labeled a nonreader. It is unfortunate indeed if he hears himself described often as "the action-type, not the reading type." He is thus presented with a picture of himself as an individual who cannot or will not read. With such a label he may well abandon all effort. He could hardly be expected to show an interest in reading in the face of such apparently unanimous public opinion, and he may become acquiescent to his status as a reading failure. He should feel that he is potentially a reader, if not actually one at the moment.

Sometimes the acquisition of some reading ability,

albeit a humble one, may bolster the child's previously tattered ego and may in itself reduce some of the emotional tensions associated with reading.

As a corollary, there are those occasional children whose nonreading has become a source of satisfaction—a secondary gain, so to speak, which they may be reluctant to relinquish. Perhaps these children are receiving more concern and attention in their distinctive status as nonreaders than they would were they to become part of the "undistinguished" reading populace. One such child—a clinic-wise ten-year-old boy—was brought for diagnostic reading tests, after having had a succession of reading tutors. He gazed challengingly at the examiner and stated complacently, "None of the others could teach me. What's your pitch?"

One final consideration in the correction of reading problems involves the provision of sufficient motivation or desire to read. In a culture which provides so many competing media, reading materials must have intrinsic interest for the child. Years ago one basic reader constituted the complete reading program of most schools. "The New England Primer," which in its day was advertised as the book which "taught millions to read and not one to sin," and the McGuffey readers provided the almost exclusive reading materials for children of those years. Today in a culture of space patrols and supermen, reading materials need to include an infinite variety of stimulating information.

The basic concerns in the treatment of reading difficulties, then, are the recognition of individual differences and adapting instruction to the child's abilities. Early identification of those children manifesting extreme difficulty in learning to read and a properly implemented program could serve as the most effective deterrent to reading disabilities in children.

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Summary

DR. JAMPOLSKY: In summarizing the views of the panel members certain common denominators stand out. The problem is not a new one, but rather an old one with poor public education and little progress over a period of years. The actual increase in numbers of poor readers, real or apparent, is difficult to establish, although it is agreed that it is probably real. It appears that the demands are greater today, that a higher value is placed upon reading skills, that reading skill is more necessary in the learning process and in society, and that failure to read well is now more apparent than once it was, since more students remain in school longer now.

Parents sometimes expect as a goal that their child will always be above the average. The problem of the poor reader at times becomes a problem of the parent.

It has been noted that there are different kinds of reading disabilities. There is a small group of poor readers with so-called specific disability with certain established characteristics, and perhaps for this group there is a more specific management. The larger number of poor readers form a complex group and may be characterized by a slow rate of reading, low comprehension, or slowness to learn. The reading disability may be a part of a learning disability. Since there are different kinds of poor readers it follows that there are different causes and different treatment.

The panel members are unanimous that there are multiple causes and contributing factors. Retarded readers may develop a complex picture making it unwise to treat a reading disability without proper knowledge of other obstacles. There are no pat solutions. There is no one method of prevention or treatment.

"Reading readiness" has been mentioned by more than one of the panel members. Some children are late in maturing. If one delays the teaching of reading skills for these students, others will become bored and distracted. There must be proper attention to individual differences and there may be an optimal time for the teaching of reading in school. The importance of proper motivation in the teaching of reading skills has been stressed. Both the school and the home environment should be directed toward revealing the importance of reading skills. Sometimes children will learn to read despite the teacher or teaching method and some will fail.

All are agreed that the children must have a method of word attack, some system by which they may learn new and unfamiliar words. Any single method of teaching reading applied to all children will have the result that some children will fail. A good teacher recognizes individual differences and, with multiple tools for the teaching of reading, adapts them to the needs of the children. It is realized that some teachers, like some physicians, have a keener insight than others into such problems. It is not so simple a problem that it can be solved by going back to the teaching methods of 20 years ago.

A good teacher will recognize when the help of trained personnel is needed. How to get this help poses practical problems. Lest it appear that the views expressed are needlessly complex, certain practical recommendations may be made from the degree of knowledge and area of agreements. The panel members hope to simulate Grecian wisdom by bearing not only blossoms, but some fruit. It is recommended that the teacher be able to seek help from school services. The teacher is concerned not only with reading problems but with speech, hearing and others. It is desirable that one central person, preferably with psychological training, be available for evaluation of the particular problem. If the presence of a physical impediment is suspected, the child should be referred to his own physician or his own medical facility for determination of the specialized medical services that may be needed. After proper evaluation and diagnosis, proper treatment may be instituted. Early diagnosis is important lest needless complications arise.

It will be noted that the ophthalmologist does not believe that the poor reader is primarily an ophthalmological problem. Only occasionally are specific problems found to be the cause of the reading disability. Ophthalmologists are aware of patients seeking ophthalmological care because of missed diagnosis of the reading problem, and while placing due value on visual efficiency, should not overrate it. Children with 20/400 vision may learn to read if they possess a 20/20 brain. But 20/20 vision in the presence of a 20/400 brain may lead to obvious problems. Cerebral astigmatism appears to be more important than the ocular variety.

The panel members recognize that the availability of specialized services of even a central figure with whom the teacher may consult may present practical difficulties. The solution may differ for rural and urban areas because of problems of finance and personnel. Ideals must be compromised with practicability.

The goal is to make it easier for all children to learn to read and to remove all possible obstacles as long as it is practical to do so; and thus avoid the pitfalls that make such panel discussions as this necessary.

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